

# SAINT BARTHOLOMEW'S HOSPITAL JOURNAL



JANUARY, 1939

VOL. XLVI, No. 4

PRICE NINEPENCE

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# ST. BARTHOLOMEW'S



## HOSPITAL JOURNAL

VOL. XLVI.—No. 4

JANUARY 1ST, 1939

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### CALENDAR

Tues., Jan.	3.—Dr. Gow and Mr. Vick on duty.	Tues., Jan.	17—20.—A.D.S., "Loyalties", by John Galsworthy.
Fri., "	6.—Dr. Graham and Mr. Wilson on duty.	Wed., "	18.—Surgery : Lecture by Mr. Wilson.
Sat., "	7.—Rugby Match v. Harlequins. Home. Association Match v. Casuals. Home. Hockey Match v. Sevenoaks. Away.	Fri., "	20.—Dr. Gow and Mr. Vick on duty. Medicine : Lecture by Dr. Evans.
Tues., "	10.—Dr. Evans and Sir Girling Ball on duty.	Sat., "	21.—Hockey Match v. Nore Command. Away. Association Match v. Courtaulds. Away.
Wed., "	11.—Surgery : Lecture by Prof. Ross. Hockey Match v. Shoburness Garrison. Home.	Tues., "	24.—Dr. Graham and Mr. Wilson on duty.
Fri., "	13.—Prof. Christie and Prof. Paterson Ross on duty. Medicine : Lecture by Dr. Gow.	Wed., "	25.—Surgery : Lecture by Mr. Vick. Rugby Match v. London University. Away. Association Match v. London School of Economics. Home.
Sat., "	14.—Rugby Match v. Wasps. Home. Association Match v. Old Bradfieldians. Home. Hockey Match v. Old Southendians. Home. <b>Last day for receiving letters for the February issue of the Journal.</b>	Fri., "	27.—Dr. Evans and Sir Girling Ball on duty. Medicine : Lecture by Dr. Graham.
Mon., "	16.— <b>Last day for receiving other matter for the February issue of the Journal.</b>	Sat., "	28.—Rugby Match v. London Irish. Away. Association Match v. Middlesex Hospital. Away. Hockey Match v. Hertford College, Oxon. Away.
Tues., "	17.—Dr. Chandler and Mr. Roberts on duty.	Tues., "	31.—Prof. Christie and Prof. Paterson Ross on duty.

### "THE CITADEL"

THE film version of Dr. Cronin's book will cause a good deal more heart-burning than its original ; it will reach a wider public, and by the nature of the medium the issues have to be presented more boldly and the black painted with a deeper dye.

The story remains largely the same, and might bear the subtitle, "A Cautionary Tale for Final

Students". A newly qualified young man takes up his first post as an assistant in a Welsh mining village where there is no hospital, no X-rays, no laboratory, and all operations have to take place on the kitchen table. The poverty of the miners and the intolerance shown both by them and their attendants is as great an obstacle to any progress. His first case completely baffles him, which is not surprising in that he takes

no history and makes no examination beyond taking the temperature and pulse. A drunken colleague, both cynic and idealist, draws his attention to an epidemic of typhoid, due to contamination of the well by the village sewer. The D.M.O. spends his time on the golf-course and is unapproachable and so the two of them blow up the sewer.

Later he becomes assistant physician to a miners' medical aid society and starts to work on the cause of silicosis, and equips his own laboratory as facilities are refused him elsewhere. He leaves after it is wrecked by the miners, who will not allow him to use guinea-pigs to determine the cause of their ill-health, though in the mine canaries are used to test the air.

He moves to London and buys a practice, but bills come in faster than patients, and after a year he is reduced to piercing the ears of ladies "who are not good, but who are not really bad either". Then the luck changes and he is accepted by a set of qualified quacks whose robbers' den is a "luxury nursing home", and he is soon tapping the treasure chests of the rich for all he can get. Any method of making money is accepted, from honest dichotomy to taking £15 from a colleague at golf. Any treatment is indicated as long as it is expensive, but the patients do not suffer, for they are women who revel in ill-health and have no disease. Under such tuition he abandons his homely tweeds and buys pearls for his wife, and is shown numbed to all emotion except the joy of amassing money.

To arouse him from this state it requires "a murder" at the hands of an incompetent surgeon. He abducts a girl from a hospital where the treatment which could save her life had not been given, and takes her to an unqualified specialist and gives the anæsthetic himself. Haled before the General Medical Council he impassionately harangues the audience on the evils of the closed shop and the intolerance of the medical profession, which "thinks that everything is right inside the profession and nothing is right outside". The fade-out comes

without disclosing whether he is hailed as the future Messiah of the profession, or ignominiously struck off the Register.

"The Citadel" is a first-class film, but we are not concerned with this aspect of it. It can be regarded either as a sincere attempt to throw light on evils which are a discredit to the profession as a whole, or as a blasphemous attack on the reputation of doctors and on the faith of the public, which is as important to them as the treatment they receive. Doctors can not expect to be immune from criticism; there have been satires in plenty from Molière and before, but "The Citadel" does not attempt to satirize; it claims to present the truth. The truth it shows is of doctors who are drunk, incompetent, intolerant of progress, self-seeking, insensitive to their patients' distress, and exploiting the public's frailty for their own financial gain. Not a pretty picture, and if it is a true one the public have a right to see it exposed. However, even our greatest enemies would not claim that all doctors are crooks or incompetent wastrels, but such could be inferred from the film. No hint is given of the bulk of the profession who do their work honestly and competently and receive little financial reward. The film would be better for the contrast.

On the other hand the lay public does not escape uncensored; patients are seen insisting on the "pink medicine, which they can swig by the tubful without doing themselves any harm or any good either", in preference to treatment which might cure the disease as well as the symptoms, and it was the hostility of the public that forced him into the course he took. That will not be noticed in the greater attack on the doctors.

As to the public, we hope it is not from prejudice alone that we believe, isolated instances apart, they benefit more from our profession than at the hands of quack-healers and the manufacturers of patent medicines. It is very possible that many of the vast crowds who are seeing the film may be deflected into these devious paths and, for this reason alone, it is a film which can not be ignored.

## CURRENT EVENTS

### NEW YEAR HONOURS.

We tender congratulations to the following Bart.'s men who received recognition in the New Year Honours :

*Knight Bachelor.*—ADOLPHE ABRAHAMS, O.B.E., M.D., F.R.C.P., Consulting Physician and Dean of Westminster Hospital Medical School.

*C.I.E.*—Major-General N. M. WILSON, O.B.E., I.M.S., Surgeon-General with the Government of Madras.

*O.B.E.*—E. DONALDSON, M.D., D.P.H., Medical Officer, Ministry of Health.

*M.B.E.*—Captain H. D. R. ZSCHERPEL, I.M.S., Superintendent, Central Jail, Peshawar, North-West Frontier Province.

*D.B.E.*—Miss E. M. MUSSON, C.B.E., R.R.C., LL.D., Chairman of the General Nursing Council for England and Wales (former Bart.'s nurse).

### TUITION IN GERMAN

As students we are frequently impressed with the value of being able to read foreign papers in the original, but it is not as widely realized that while at the Hospital there is an opportunity of a free course in Scientific German, through the kind offer of Mr. A. FitzAucher. Classes are held once a week, on Fridays at 5.30 p.m., and no previous knowledge of German is necessary. This term the classes start on January 13th.

### THE MILSOM REES SCHOLARSHIPS

The Examination for these scholarships takes place in March, and the names of candidates should be sent before the end of this month to the Headmaster, Port Regis Preparatory School, Broadstairs.

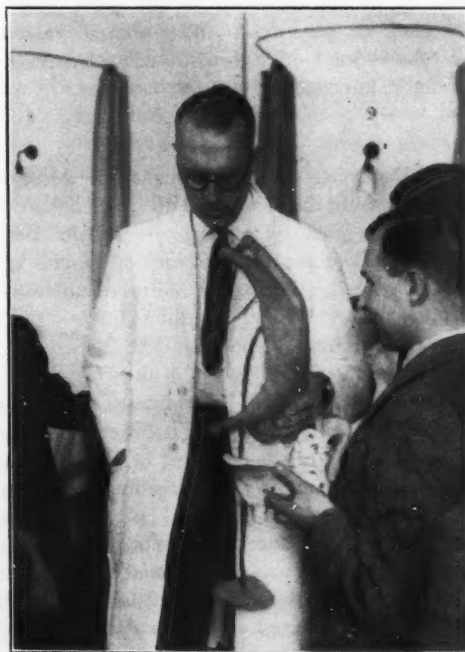
For the benefit of those who may have missed previous notices, there are two scholarships to the school of £100 each for the sons of medical men. One is closed for the

sons of old Bart.'s men. Candidates must be less than nine years old, and the scholarship is held for as long as the holder remains at the school.

### URGENT PHONE MESSAGE

"Will Dr. please hurry to see Willy A—. He is sweating very much, you know, and they think he has got the new Disease what's come out just lately, you know, the one with the Iron lung."

### OUR CANDID CAMERA



"We have all had to go through this once."

## NEWS FROM OUTSIDE

Lord Dawson of Penn made a strong speech at the dinner of the **Medico-Legal Society**, which reflected the difficulties in which the law places the medical practitioner. He declared that legal fetters holding up preventive medicine should be removed, and went on to refer particularly to the subject of sterilization. Quoting from his own professional experience he said: "A man and a woman of mature age wish to marry, but each being liable unfortunately to transmit disease requests that one of them should be sterilized. A friend of mine who happened to be a distinguished judge warned me that I had probably broken the law in implementing their request." Lord Dawson went on to discuss the whole matter of illegal maiming and unlawful wounding, and ended with the plea that "such shackles, as were never intended to apply to us, should be removed and medicine set free to extend its work of preventing disease".

It has been said that every surgical operation is an assault in itself—hence the practice of obtaining a written permission from the patient—and it is a little hard to see why there should be such discrimination (accidents apart) over the actual site of the assault. It would appear that in some ways the medical profession rely almost as much as the legal upon the endorsement of precedent. Why should vasectomy arouse taboo—legal or otherwise—when hysterectomy passes almost unnoticed?

In mid-December the Government introduced as a non-party measure the **Cancer Bill**. The debate with which it was greeted did much to weaken its comprehensive title. The general consensus of opinion in the House seemed to be that a title more indicative of the Bill's content would be the "Radium Bill".

A general disappointment may be sensed in the speeches of the medical members of the House that the Bill pays so little regard to the claims of research and work along preventive lines. Sir Francis Fremantle effectively disposed of the Minister of Health's claims that the Bill was comprehensive by reading the preamble at him, its purpose being "to make further provision for the treatment of Cancer, to authorize the Minister of Health to lend money to the National Radium Trust, to prohibit certain advertisements relating to cancer and for purposes connected with the matters aforesaid".

Our own Hospital was mentioned some eight or ten times in the debate, though in rather a negative

fashion. St. Bartholomew's Hospital occurred amongst the list of institutions with special experience in the treatment of cancer which the Ministry had not seen fit to consult when framing the Bill. Sir Ernest Graham Little, the member for London University, had most of the House behind him when he said, "I think the Minister might have consulted the experts, who have knowledge and experience behind them".

Dr. Edith Summerskill made a good point when she stressed that it is one thing to provide facilities for treatment and another thing to get the patients early enough to benefit from such treatment. The cause of delay among the poorer class of housewife was, in her opinion, the fact that they could not get medical advice free. Her remedy was to include the dependents of insured persons within the provisions of the National Health Insurance Acts.

The House welcomed the Bill with a spirit of constructive criticism and did not find it necessary to divide upon the issue, so the Bill passes on unobstructed. One effect it will have is to open up greatly the field of employment for radiologists.

**Thyroid Crisis.**—Manchester Assizes have produced a judgment which opens up whole vistas for those of medico-legal inclinations, both professional and speculative.

Briefly a lady standing at a crossroad witnessed a collision and, deeming herself to be threatened, fainted without so much as being touched. Subsequently she was diagnosed as gravely thyrotoxic and on one occasion nearly died. As she had not noticed any great trouble before she saw the accident she attributed all her disabilities to the shock. She brought an action against the two drivers concerned. Counsel, on her behalf, claimed that she would be an invalid for the rest of her life, and that she would never again take part in those recreations and social events which she had previously enjoyed. The case does not appear to have been very strongly contested, since it ended in an agreed settlement in spite of what seemed a very *post hoc, propter hoc* pathology. No medical evidence was called, and the value of the whole thing to the thyrotoxic lady was £2500 and costs.

If such actions become at all common one inevitable result will be a sharp rise in insurance rates, and one would also imagine a sharp rise in the incidence of disabling fright and conversion hysteria generally.

## THE NEUTRON

By Professor F. L. HOPWOOD, D.Sc.

### Nature and Occurrence

**T**HE neutron was discovered by Chadwick in 1932. It is a minute material particle which is a constituent of the nucleus of all atoms which are heavier than the atom of hydrogen. Its mass is almost identical with that of the hydrogen atom, and it does not possess an electrical charge.

According to the present state of knowledge, the nuclei of all atoms are composed of protons and neutrons. A proton is the positively charged nucleus of a hydrogen atom, and the number of protons in the nucleus of the atom of any heavier element is called the atomic number of that element. The difference between the atomic mass and the atomic number of any element is the number of neutrons in its nucleus.

Elements which have the same number of protons in the nucleus, but different numbers of neutrons, are called isotopes.

### The Production (Liberation) of Neutrons

Neutrons are set free from the nuclei of some atoms when these are disintegrated by artificial means. So far, such disintegrations have only been achieved\* by the bombardment of various elements by positive ions—protons, deuterons (= nuclei of "heavy" hydrogen), and alpha particles (= nuclei of helium atoms)—which have been accelerated to high speed.

The high-speed ions can be produced either by direct acceleration with high voltages applied to suitable discharge tubes, or by the multiple impulse method of the cyclotron.

The direct methods have some serious disadvantages. Firstly they are limited to what for these purposes are relatively low voltages—up to 2 or 3 million volts. Secondly, high-voltage installations need as much space as the large and lofty buildings used as hangars for air-ships.

*The cyclotron.*—The most successful indirect method is the multiple impulse method as employed by Prof. E. O. Lawrence of California in his cyclotron. The relative efficiencies of the different methods can be judged from the fact that the output from Lawrence's cyclotron is from 100 to 1000 times that of its nearest rival!

Any elaborate account of the construction and mode

of action of the cyclotron would be out of place here, but the accompanying illustration\* and following brief description may help to give some understanding of them.

Positive ions, produced by a hot filament situated between a pair of insulated hollow semi-circular boxes, are thrown to and fro between the boxes by means of a rapidly alternating electric field supplied by a power tube oscillator. These semi-circular boxes, called "dees", are enclosed in a highly evacuated container which is placed between the poles of a large (50- to 200-ton) electro-magnet. Under the combined influence of the electric and magnetic fields the ions describe circular paths of increasing radius, and with speeds increasing at each jump from one "dee" to the other. Luckily the time to describe a half revolution is always the same, the added speed compensating for the longer path. The ions therefore, starting from the centre, describe a spiral path, and ultimately issue through a window at the edge of a "dee", with energies corresponding to several hundred times the applied potential. The alternating potential applied to the "dees" by Lawrence is about 45,000 volts, and the highest energies obtained correspond to 16 million volts.

The high-speed positive ions falling on targets made of light elements such as lithium or beryllium cause the targets to emit streams of neutrons.

Direct bombardment of heavier elements with the high-speed ions usually results in the transformation of the stable natural atoms into new atoms which are radio-active.

Alternatively, the streams of neutrons produced by the cyclotron transmute the atoms of most elements into radio-active substances.

### Neutrons in Biology and Medicine

Among the many interesting properties of neutron rays there are three which would seem to be of outstanding importance in connection with biological research, namely (a) their anomalous absorption in matter, (b) the type of ionization they produce, and (c) their capacity for making ordinary inert atoms radio-active.

(a) Neutron rays have the remarkable property of being more readily absorbed in light substances rich in hydrogen such as biological tissues than in denser substances like iron or lead.

\* This will be circulated as soon as copies are available.

\* We neglect here the effects of gamma rays of very short wavelengths and cosmic rays.

If we could use a fluoroscope to view the animal body with neutron rays the bones would appear relatively transparent and the flesh dark.

(b) Neutron rays are unique in the way in which they produce ionization. Whereas X-rays produce ionization by liberating high-speed electrons from atoms, neutrons, being minute dense particles of neutral matter, pass right through the electron clusters surrounding atoms and ionize only by making intimate collisions with atomic nuclei. As a result, neutron

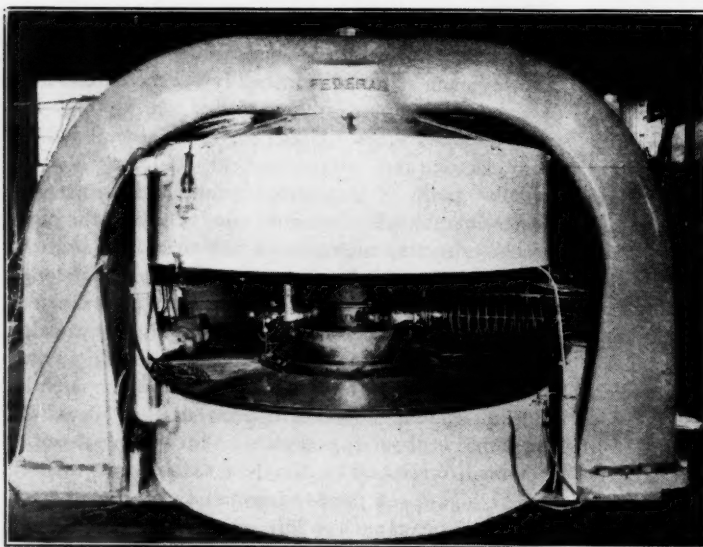
view of the difference in ionizing action of X-rays and neutron rays, tests have been carried out to see whether these agents differ in their biological action. Table I below gives the results of experiments carried out on five different objects, and shows that the ratio of the physical doses of the two forms of radiation required to produce the same biological action in the several instances varies from 1 : 1.6 to 5 : 1.

These results show that neutrons have a selective action on biological substances which is different from that of

X-rays. They give us another weapon for the study of the effects of ionizing radiations on tissue, and indicate the possibility that this new form of radiation may have a favourable differential effect on one or more neoplasms.

The treatment of cancer patients by direct irradiation with the neutrons issuing from a cyclotron is already under trial in Lawrence's Institute at Berkeley, California.

Most of these results are due to Prof. E. O. Lawrence (the inventor of the cyclotron) and his colleagues, and are taken from a summary published in *Radiology*, September, 1937.



THE CYCLOTRON.

ionization in comparison with X-ray ionization is very much more intense where it occurs.

(c) Neutrons are also the most potent particles which can be employed for the artificial disintegration of atomic nuclei and the production of artificially prepared radio-active substances.

TABLE I.

	Doses.	Ratio.
Mammary carcinoma (reduction of "takes" of implants to 50%)	X-ray 3600 r Neutron 700 r	5 : 1
Drosophila eggs, 50% mortality	X-ray 180 r Neutron 87 r	2.1 : 1
Normal mice (lethal power)	X-ray 600 r Neutron 120 r	5 : 1
Wheat seedlings	X-ray 52,000 r Neutron 21,000 r	2.5 : 1
Fern spores	X-ray 1000 r Neutron 1600 r	1 : 1.6
*Drosophila (mutations)		...

Since the primary effect of penetrating radiation on biological material is to produce ionization, and in

\* Timofeeff-Resovsky and Zimmer, *Naturwissenschaften*, May 27th, 1928.

Hydrogen is a notable exception. Table II exhibits some only of the radiations emitted and the approximate half-life periods when activated of a number of elements important in medicine and biology.

It should be especially noted that (with the exception of hydrogen) all the elements occurring in the human body can be made radio-active.

### Artificial Radio-activity

As we have seen, the atoms of most elements are transmuted and become radio-active when bombarded with neutrons or high-speed positive ions.

TABLE II.

Element.	Emits.	Half-life.
Carbon	Positrons	20 minutes.
Sodium	Beta and gamma rays	15 hours.
Phosphorus	Beta rays	14½ days.
Potassium	" "	16 hours.
Sulphur	" "	14½ days.
Copper	Beta rays and positrons	12½ hours.
Nitrogen	Positrons	10 minutes.
Oxygen	" "	2 "
Magnesium	Beta and gamma rays	12 "
Chlorine	Positrons and beta rays	33 and 38 minutes.
Calcium	Beta rays	2.3 hours.
Iron	" "	72 hours.
Iodine	Beta and gamma rays	25 minutes.
Arsenic	" "	26 hours.
Bromine	" "	34 "
Gold	Beta rays	2.7 days.

Radium and its relatives give off one or more of the following radiations: alpha particles (which are helium nuclei), beta rays (electrons), and gamma rays, all of which are ionizing radiations and produce biological effects. Artificially induced radio-active substances give off similar particles and rays, but differ from the natural elements in that they retain their activity for relatively short periods. Their relatively short lives make it safe to inject them into the body for they soon become inactive.

Further, the radio-active isotopes of the various elements do not differ in chemical behaviour from their stable relatives.

This has suggested a means of following the metabolism of the elements in the body, as the radio elements are "tagged" or labelled, and can be detected by their radiations. Much useful and interesting information has already been obtained in this way.

By far the most important field of research with artificial radio-active substances, however, deals with

their possible application to therapy. With the aid of the cyclotron amounts of some of these substances sufficiently large for clinical use can now be obtained.

Besides exhibiting a more extended spectrum of radiations than the radium family, their non-toxicity permits their introduction into the body by the mouth or injection.

Elements such as iodine, phosphorus, iron, etc., which occur in higher concentrations in certain organs or tissues of the body, can be replaced by their radio-active isotopes by ordinary metabolic processes. In this way selective irradiation of the bone-marrow, brain, thyroid, etc., could be carried out. Preliminary exploration of this field has already shown the practicability of the treatment.

A further possibility is the use of artificial radio-active substances to supplement or even replace ordinary radium appliances now used in surface or tele-radium therapy.

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## CHRISTMAS SHOWS

**E**IGHT shows including a film show were presented and most of them gave a good performance.

Musical production numbers have been the main feature of the shows this year and there has been a decided improvement in the standard of chorus work. But as against this there was a most noticeable lack of good sketches and individual items. It is a good sign however that more attention is being turned to production. Rehearsals for at least two of the shows commenced some six weeks before Christmas, and it is worthy of note that these two were generally considered to have given the best performances.

**Harold's Harmernists (Pink Firm).**—Surrounded by microphones and a battery of spot-lights this team gave by far the most polished performance of the day. They had a well-balanced programme which had been thoroughly rehearsed. The chorus work was neat and timed to a split second, and above all they kept smiling and never allowed their numbers to drag.

The chief credit must go to J. Beeston, their pianist producer, whose direction of this show was the best individual effort this year.

D. S. Morris, a very good comedian, was particularly effective in "The Casual Ward"; R. J. Harvey's "Danny Boy" was one of the highlights of the show, and J. Beeston and D. J. Trevan must be mentioned for

their performances in the number "In Bart's To-night". Bailey had some good stories which he put over very well.

But it was the concerted items rather than individual acts that were outstanding. The enthusiasm with which their action song was performed was infectious. Patients staggered up to the footlights and joined in the fun; an attempt, unfortunately unsuccessful, was made to bring on a chorus of sisters, and eventually the Harmernists were leading those of the audience who were not doubled up with laughter through the intricate movements of their song and dance.

One fault perhaps in this show was that they over-exploited the microphone. The effects, both sound and light, were, however, perfectly managed and timed, and the producer considered no doubt that the fullest use should be made of such powerful weapons.

**The Reggiementals (Light Blue)** was quiet and unpretentious but very good entertainment, and had at least two exceptionally good numbers.

The costume was pleasing and a good choice for this type of show. They opened rather poorly. A little more attack here would have undoubtedly prevented the slow *tempo* which was the chief weakness. The second number, "Whistling", aided by good lighting, went well, and then I. P. M. MacDougall really

set the show moving with his song, "I belong to Bart's."

The outstanding items were "Oriental Sketch", acted by W. A. Bromley and J. Lomas, one of the cleverest turns to be found in any show, and the "Sisters' Duet", in which R. C. Bell and R. W. Schofield, splendidly made up, scored a great hit. Robertson told some good stories, and the "Melodrama", in which P. J. Miller was very funny, brought roars of laughter from the audience. The Ballet was an original idea and a gallant effort. The lighting was good. R. W. Schofield was the pianist and R. C. Bell had charge of the production.

**Rahere's Roundsmen (Residents)** was attractively costumed, full of good material and bristling with talent, but lacked the drive which would have put it right at the top of the shows. This may have been due to the fact that on both occasions on which the writer saw the Residents they were handicapped by rather inadequate lighting.

The biggest hit in this show was undoubtedly George Gray and Basil Phillips in "Excelsior". This was a great turn, certainly one of the best comedy numbers this year. Donald Crowther's masterly performance in a monologue which he had composed relating the further adventures of Samuel Small, and C. J. Carey's recitation of "The Prep School, the Public School, the Varsity", were two excellent individual items.

"The Little Snapshot Album," a topical number, was a great success and had a terrific reception.

Alan Thomson was at the piano, and the show was arranged and produced by Basil Phillips.

**The Chain Gang (Dark Blue)** gave a very polished performance. The thoroughness with which it had been rehearsed was evident in the accuracy of the chorus work and the high speed at which it was presented. D. Reinold had cleverly arranged the musical numbers, and also gave an excellent performance at the piano.

The costume, although appropriate for the opening "Eleven More Months and Ten More Days", did not help them for the remainder of the programme. One felt that P. R. Latcham and A. I. Ward particularly would have been assisted by a brighter costume. These two with their guitars provided one of the high spots of this year's shows. They are quite at ease in front of an audience, and "put over" light comedy numbers with perfect confidence. Dickson's "Georgia" and "The Nine O'Clock Blues", with Birch, Latcham and Dickson, were two other numbers which were enthusiastically received.

"Little Red Riding Hood" and the "Sister's Warning" were both good, making up a well-balanced programme very strong in musical numbers with a good backing of comedy.

**Porters' Pot Pourri.**—For the second year the Porters provided a good programme. They were wisely opened with "Best of Friends" and "Life at Bart's", two bright numbers which got the show moving well, and from then onwards they never allowed the pace to slacken.

The best turns were "The Porter's Song", sung by A. Lewis in the George Formby style, and "Smilin' Thro'", sung by G. D. Rees. They finished strongly with a medley of popular tunes in a campfire setting and a good final chorus.

The sketch "D.I.", in which D. C. Stokes and B. Wilson had the major parts, had some very funny lines, but would have been more effective if played somewhat faster.

A. Hastings was an excellent pianist.

**Snow Balls (Yellow Firm).**—The best item in this show was the "Donkey Serenade", with a Maconochie guitar and Lustigman violin. The opening songs were good; G. Discombe did some chemical conjuring and W. McAleenan acted as *compère*.

**Film Show (Green Firm).**—This was arranged and presented by D. V. Harris and J. A. G. Horton. The programme included a Walt Disney Silly Symphony, "The Skeleton Dance", "The Big Show", a Mickey Mouse feature, and "Zoo Animals", a short film photographed by D. V. Harris.

**The Pansy Patrol**, produced by Macpherson, was a very jolly and extremely popular show. They left crooning, new-fangled gadgets and quiet light comedy numbers to the more sophisticated shows and concentrated on burlesque. They meant to be funny and they were.

The costume was sufficient to get the opening over for them. Roger House made an abortive attempt to recite "Napoleon's Farewell to his Troops", and then Carroll leapt into the attack with "Knitting a Singlet for Cecil" and immediately had the audience roaring. This was followed by the "Tower Sketch", in which M. White, Max Laybourne and J. Harold distinguished themselves. No time to stop laughing for House, Carroll, Harold and O'Neill were on in "Borstal Bags" and had a great reception. Then Macpherson sang "Lindy Loo". The introduction of a straight song at

this point in the programme was a clever move and thoroughly deserved the applause it received.

The entire company followed up with "Down in Ohio", which was a riot and so on to the finale; "London is Saying Good-night", which brought an excellent show to an end.

Max Laybourne at the piano skilfully accompanied the musical numbers. Vincent, who was responsible for the lighting, did his difficult task admirably, and considerably aided the show with his work on the dimmer.

L. G.

### THREE CASES OF MALARIA

By R. H. BARRETT, M.R.C.S., L.R.C.P., D.P.H., D.T.M.&H.,

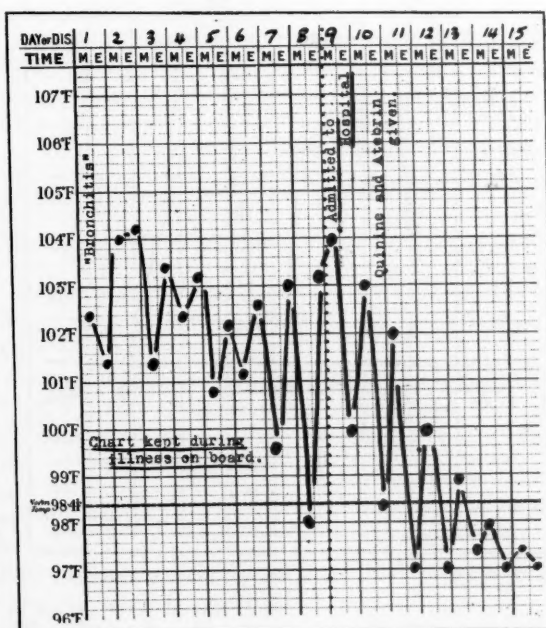
Assistant Medical Officer, Port of London.

I AM often asked about the clinical side of Port work, and this has led me to record these cases in the hope that they may prove of interest, not so much for themselves, but as examples of those that a port medical officer has to deal with and that a general practitioner may be asked to see, if he is called to a ship requiring medical assistance.

The clinical work of a port health authority can be divided roughly into two main groups of cases. The first consists of recognized or suspected cases of infectious illness occurring in ships in which a surgeon is carried. The second consists of illness reported in ships not having a surgeon on board, which may or may not prove to be infectious. These are of course the most interesting from a clinical point of view because they are presented in bare detail without a preformed professional opinion. They are reported not so much because the regulations say they should be, but because medical help is required and the port medical officer in a large port is always available by day or night, and can usually dispose of the case to a hospital on shore if urgent treatment is needed.

The three I have selected are examples of this second group, the first two arriving in a small tramp-steamer from the Grecian Archipelago. The ship was a foreigner, but fortunately the Master's command of the

English language was quite accurate, although we had to go slowly and keep to the main essentials. He had also kept a temperature chart, which after being translated from Centigrade to Fahrenheit was of great help.



CASE No. 2.

Case No. 1 had a ten-day history of attacks of fever, shivering and sweating. On examination the only positive finding was a firm, enlarged spleen. The diagnosis here presented no difficulties, as the patient had just returned from a part of the world where malaria and anopheline mosquitoes both exist. The interest in this case lies in the fact that as soon as he was placed in the ambulance launch he produced a typical and quite severe malarial rigor, which to one unversed in tropical practice was most instructive.

It started with the patient looking a little blue about the face and having a mild shivering attack.

This instead of passing off became more marked, the cyanosis became deeper, making the whiteness of the teeth and sclerotics stand out in contrast. His teeth were soon chattering, and the shivering became so violent that his hands and arms and legs moved quite uncontrollably. Piling on as many blankets as were available made no difference whatever. After a few minutes he was deeply cyanosed, and although his skin felt cool to

touch his temperature was  $104.2^{\circ}\text{F}$ . The pulse was poor in volume, but quite regular at about 110. His expression was anxious and he was obviously rather frightened by the severity of the symptoms, as indeed I was myself. At one stage the excursions became so violent that it was surprising he did not fall off the stretcher on which he was lying. The rigor lasted about 25 minutes, but fortunately had ceased by the time the hospital pier was reached. It was followed about an hour later by a profuse sweat. The nursing staff at the hospital were most disappointed at not seeing this attack, but the patient was considerate enough to have a similar one the next afternoon, for which they were duly grateful, for such a typical text-book rigor does not often occur in our hospital, although malaria itself is not uncommon.

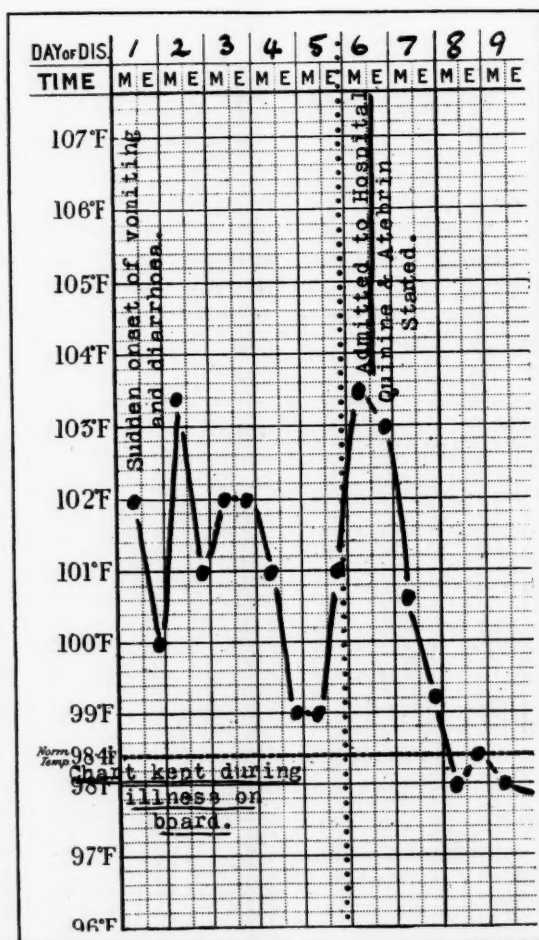
A blood-smear showed a benign tertian infection; presumably therefore it was a double infection with the crises on alternate days. Recovery proved uneventful under atebryn and quinine.

Case No. 2 from this ship was also of interest, although I did not at first pay much attention to him, being so engrossed in watching the first. This seaman had reported sick nine days previously and had been diagnosed by a doctor abroad as "bronchitis", for which some medicine had been prescribed. He had been running a high temperature ever since, as his chart shows. He was found lying in his bunk in the crew's quarters, and although the light was bad it was possible to see that he looked drawn and ill and had herpes on his lips. His temperature was then  $103.5^{\circ}\text{F}$ . and his pulse 120, while the respiration-rate was about 24. A rather hurried examination of his chest and abdomen revealed dull areas at both bases and many

ronchi at the apices. The spleen was not palpable. Arrangements were made to place him in the ambulance launch with the first case. Here he seemed quite oblivious of the interesting phenomena that were then in full swing in his shipmate, but lay quite apathetically

on his stretcher giving only an occasional short dry cough. In the light of subsequent findings he can hardly be blamed for his lack of interest.

When he was safely in bed in the hospital I was able to examine him more carefully, and it was then obvious that he had consolidation of his right lower lobe, and a left-sided pleural effusion extending up into the axilla and displacing the mediastinum to the right. His illness had already lasted nine days or more and his temperature had now begun to swing, and for the two succeeding days no improvement took place. His condition was thus giving rise to some anxiety and it was thought that the effusion was becoming purulent, but exploratory puncture disproved this. Expert opinion was about to be called in when the nursing staff came to the rescue by reporting a slight rigor which had occurred on two afternoons in succession at about 4 p.m. This led to a blood-smear



CASE No. 3.

being taken, which showed the presence of malignant tertian rings. A course of treatment was at once started, with the result that after ten days all the signs and symptoms had disappeared.

It is interesting to speculate whether this was a true case of malarial pneumonia, or just a lobar pneumonia complicated by malaria. But I think the moral of this case is that where one proved case of malarial infection has already been found in a ship, any other patient from that ship should be suspect in this respect until proved to the contrary.

The accompanying chart shows the trend of temperatures both before and after specific treatment.

The next case, No. 3, arrived in a timber-ship from Archangel. She reached the Quarantine Station at the inconvenient hour of 3 a.m. on a rather cold and wet night. As often happens in these ships, some of the deck cargo had shifted a little and she had a good list to starboard. This made the ascent of the side on a rope ladder rather less hectic than usual, but subsequent progress over the deck and down ladders was not without incident. The Master told me, in English this time, that the man had been ill for five days, starting with a sudden onset of vomiting and diarrhoea accompanied by a high temperature. All these symptoms had persisted without remission and had caused a great deal of anxiety. The patient could no longer keep any food down except water in small quantities. He had not complained of any pain, but only of lack of appetite and general malaise. There had been no other cases of this nature on board, and the patient had eaten the same food as the rest of the crew, and had not been ashore or bought anything extra such as fruit, or even a bottle of beer! Incidentally shore-visiting in this part of the world is discouraged by the presence of a sentry with fixed bayonet stationed on the gangway.

The Captain's diagnosis was gastric 'flu, which seemed a fairly reasonable explanation, but rather unlikely to keep the temperature up for five days. On going to see the patient he was found to have a dry hot skin and very injected conjunctivæ. The history he gave was similar to that told me by the Captain, except that he had a persistent soreness in the upper part of his abdomen in addition to his other symptoms. His temperature was then  $103.5^{\circ}\text{F.}$ , pulse 110, regular and good volume. The appearance of his conjunctivæ might possibly have been due to the vomiting. His heart and lungs were normal. The abdomen was not rigid, and only a little tender in the upper left quadrant. The R.I.F. was clear. No viscus was palpable at first. By this time the original diagnosis seemed to be the most probable one, but as a last resort I asked the patient to take as big a breath as his symptoms would allow, while I again palpated the tender region below the left costal margin.

Right at the end of inspiration a firm, tender spleen came down and could be felt for three fingers' breadth.

This narrowed down the possibilities considerably, and further inquiry showed that the patient had been on the far eastern run about three months before and had an attack of "fever" on the China Coast. It also appeared that just previous to the present illness he had been sleeping in rather damp and cold quarters

owing to heavy weather. This in itself was sufficient to cause a relapse if the original infection had indeed been malarial.

He was taken into hospital as a P.U.O. and treated for malaria pending further investigation. Under this treatment the improvement was immediate, and after two days his temperature had dropped to normal and the gastric symptoms had been relieved. The blood-smear showed no evidence of parasites, but as it was not taken until after treatment had been initiated it was not conclusive. On therapeutic grounds and on the history it seems probable that the diagnosis of malaria was correct, more especially as on discharge the palpable and tender spleen could no longer be felt.

These three cases were therefore all manifestations of an infection with the malarial parasite, and they show the diversity of the symptoms that can be produced. It is not an uncommon infection among the sea-going community, and for this reason it is a good rule when dealing with such a patient to take a blood-smear, stain it with Leishman's and examine it under a microscope with the high-power oil-immersion lens. Malignant tertian malaria is in particular an insidious and serious infection which should be treated very thoroughly whenever it is found. One other point is worth mentioning in this connection, and that is that no examination of a patient in this sort of work is complete unless evidence of specific and the allied infections has been most carefully looked for. This precautionary measure may save a great deal of trouble and embarrassment during the subsequent treatment and final disposal of the case.

I am greatly indebted to Dr. M. T. Morgan, M.C., Medical Officer of Health of the Port of London, for permission to publish these cases.

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#### REPLY FROM NURSE

I could tell tales about some students;  
But to reveal 'em were gross imprudence.

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There was a young student from Caius,  
Who passed his exams with a Squaius,  
By dissecting at Bartholomew's,  
All the partholomews (such as hartolomews),  
From which he could study disaius.

## CORRESPONDENCE

### TREATMENT OF EPITHELIOMA OF THE SKIN

*To the Editor, 'St. Bartholomew's Hospital Journal'.*

SIR,—We were both very interested in Dr. Corsi's article on the treatment of epithelioma of the skin in the last issue of the JOURNAL, and we would like to call attention to certain points arising from it.

The great advantage of the Adamson method of treatment is that it involves only a single attendance, while the use of high-voltage X-rays or of filtered radium requires several attendances. On the other hand, we do not think that this advantage offered by the Adamson method can possibly off-set the fact that the results of filtered radium treatment are definitely better cosmetically and probably better in their final results. If Dr. Corsi were to estimate his percentage of successes on the same lines as we do in the X-ray Department and as those upon which most other malignant disease statistics are estimated, he would give three-year healing a rate, not of 97%, but of only 80%. The difference arises from the fact that Dr. Corsi has not followed the rule that untraced cases should be regarded as failures. Indeed, in the X-Ray Department we even count death from intercurrent disease or old age against our statistics.

It seems quite possible that some of the six untraced cases in Dr. Corsi's series have had recurrences and have gone elsewhere for treatment. In fact we have both seen local recurrences after the Adamson method more than three years after the original treatment. These recurrences are extremely difficult to get well whatever method is used.

It appears to us that these malignant skin lesions are pre-eminently cases in which co-operation between the dermatologist and radiologist is called for, the former using his skill in curetting the lesion and the latter his in the application of filtered radium or high-voltage X-rays with adequate dosage and, what is at least as important as adequate dosage, correct dosage-distribution.

Yours faithfully,

107, Harley Street,  
W. 1;  
November 21st, 1938.

N. S. FINZI,  
W. M. LEVITT.

*To the Editor, 'St. Bartholomew's Hospital Journal'.*

DEAR SIR,—It is most gratifying to find that the Adamson method of treating superficial rodent ulcers has awakened so much interest that Dr. Finzi and Dr. Levitt offer to co-operate in amplifying the method; presumably so that it may be extended to more advanced cases, for which the present Adamson technique was not intended (see Adamson, *Brit. Med. Journ.*, 1933, ii, p. 994).

I gladly accept their offer and thank them.

As they point out, the fact that the Adamson method requires one attendance only is a very great advantage, the patients often being very old and having come from distant towns. But there are other advantages, some of which carry a great deal more weight. Prominent among them is the curettage under novocaine which removes all macroscopic tumour tissue, and does not injure the healthy. This it probably is which accounts for the surprisingly rapid healing—two weeks only in some cases.

Regarding the cosmetic result, I stated and also illustrated in my paper that with the Adamson method the cosmetic result is so good, that in a year or so one cannot always be sure where the treated ulcer was situated. This is a factor of the highest importance second only to the essential one of permanent cure.

It is of course logically possible that some of the six untraced cases observed for a period less than three years had a recurrence, and took themselves to another hospital. But it is improbable. In a follow-up the difficulty is to get up the successful cases. I had to pursue a number of patients to their own homes, one of them as far afield as Dover. There is no difficulty about seeing patients that give cause for dissatisfaction, as we soon found in connection with the 166 patients treated with radon seeds. Rodent ulcer patients realize they have been extracted from the main bulk of patients for special attention, and have had the importance of their disease explained to them at least once. To this add the influence of courteous and friendly handling, and the likelihood of their having gone to another hospital fades almost to vanishing point.

Yet my colleagues suggest that these should be reckoned as recurrences, so giving a percentage cure of 80%—a recurrence of 1 in 5. Now in dealing with a disease like carcinoma of the tongue, in which the prognosis is not good, patients who cannot be traced, or who die, say, of pneumonia, must be reckoned as failures.

But to apply this principle to patients with small superficial rodents, which cannot kill, directly or indirectly, would lead to a false conclusion. For this and other reasons I stated in my paper that—

"To state the results in terms of a percentage is hardly reliable, as a great deal depends on the selection of the cases for treatment. But, with an ulcer that is not very large, or of the penetrating type, and provided it is reasonably accessible to X-rays, so that the ulcer does get the treatment, it is probably true to say that permanent complete cure is almost a certainty."

The one recurrence we had did not conform to the above requirements, as reference to my paper will show. I did not fail to include it in the series, however, as I felt that, if the series had been longer, a recurrence would probably have appeared in any case.

As far as small superficial rodent ulcers are concerned the present Adamson technique seems to be adequate. I look forward with pleasure to the co-operation offered by Dr. Finzi and Dr. Levitt, and to an extension of the field of applicability of the Adamson method.

Yours faithfully,

H. CORSI.

114, Harley Street,  
W. 1;  
December 14th, 1938.

### COMFORT OR SLOTH?

*To the Editor, 'St. Bartholomew's Hospital Journal'.*

SIR,—Comfort in dress is mainly a matter of well-fitting clothes, and even the most ardent supporter of the black or red shirt with the zip opening would, if honoured with an invitation to dine with the "affluent and titled classes", probably feel more comfortable mentally if not physically in a boiled shirt and collar.

My own experience of those who dress slackerly is that they are slack in their mentality and habits and that soap and water are anathema to them. A slovenly appearance may be comfortable, but heaven forbid that grown members of an honourable profession should practise their arts dressed like certain youthful and irresponsible members of our great universities.

We, as a profession, do not like our patients to try and cure themselves by buying patent medicines over the counter, and I suggest that we may obtain more comfort by having correctly fitting clothes made for us individually; this includes suits, shirts and collars, and—tell it not in Gath—shoes also, though there are very few good bootmakers left. We shall then all of us less resemble tailor's dummies than comfortably dressed human beings, which we could be if we took a little trouble over our sartorial appearance.

I fear that the G.P. would himself have little confidence in the consultant who arrived at his patient's house dressed in flannel bags, pullover and a sports jacket (25s. off the peg), with a red open-necked shirt and no collar, with long unkempt hair and shaved with the modern electric razor, which allows one to go to one's consulting room unwashed and plug in for a quick shave while the patient is waiting.

Yours faithfully,

D. LEIGH SPENCE.

26, Lowbourn,  
Melksham;  
December 12th, 1938.

### A SUPPORTER'S EXPENSES

*To the Editor, 'St. Bartholomew's Hospital Journal'.*

DEAR SIR,—In view of the recent efforts to obtain a better attendance at the home matches at Chislehurst and the not entirely

satisfactory response thereto, I feel justified in raising a point about which I, and I believe others, are in some doubt.

The main difficulty is that of expense.

When I want to watch a 1st XV match at Chislehurst it costs at least 3s. 6d. That is 1s. entrance fee, 6d. car park, 6d. stand, and a minimum of 1s. 6d. for petrol.

If I went by train it would cost more still.

Now can the average student be expected to pay out between three and four shillings to see his own side playing on his own ground?

Naturally the stand has got to be paid for somehow, but, apart from this, why should a member of the Students' Union have to pay to go into the ground which he is already entitled to use as one of the privileges of membership?

Some enlightenment on this subject from the authorities would be very welcome.

Believe me,

Yours very truly,

St. Bartholomew's Hospital,

E.C. 1;

December 11th, 1938.

ROBERT J. EVANS.

Mr. Evans has been misinformed. As a member of the Students' Union he does not have to pay an entrance fee to the ground. Further, if he went by train it would not cost him more but less; a ticket at the reduced rate obtained from the Cloakroom costs 1s. 4d., with 4d. for buses and no car park.

Thus a student "to see his own side playing on his own ground" has to pay less than two shillings. Admittedly it is to be regretted that he has to pay even this sum, but if he spent his Saturday afternoon in a cinema it would cost as much or more.—Ed.

## THE BART'S REPORTS

To the Editor, 'St. Bartholomew's Hospital Journal'.

SIR,—We are unwilling to add to the complaints that occasionally reach you about reviews, yet we feel we must protest against the patronizing tone adopted by your critic of the *St. Bartholomew's Hospital Reports*.

His first criticism involves a political digression that is largely irrelevant. Then he hurries on to perfunctory mention of the other papers, in a manner that could be achieved equally well by an undergraduate who had glanced through the summaries at the end of each.

Finally we read, "'The Life of Samuel Jones Gee (XIV)' I found boring. I see no reason why biographers should revert to the literary style of the period they are describing. Some may not agree." This dismissal of an account that some of us have found both charming and entertaining is unworthy of a serious critic. We certainly do not claim that he must necessarily have enjoyed the article on Dr. Gee, but the manner of the statement quoted hardly shows a fair consideration of the matter written. That the author was deliberately harking back to the literary style of the nineteenth century may or may not be true. At least he has written in a polished English which should render him less liable than your critic to call forth the comments of Dr. Wilfred Shaw.

We are, Sir,

Yours, etc.,

St. Bartholomew's Hospital,  
London, E.C. 1;

December, 15th, 1938.

GEOFFREY KEYNES,  
DONALD MCGAVIN.

The reviewer of the *Reports*, who is a Guy's man and a surgeon of some standing, has been given the opportunity of replying to the above letter.—Ed.

## REVIEWS

**Sleeping through Space.** By Dr. ALEXANDER CANNON. (The Walcot Publishing Co., Woodthorpe, Nottingham.) Pp. 131. Price 5s.

"Seeking the bubble reputation even in the cannon's mouth."—(*As You Like It*, II, vii.)

"This book" (the publisher wrote to us) "revolutionizes modern medicine, world-thought, and gives the reader the secret of how to get what he wants."

Not bad, for its 119 pages of text.

Dr. Alexander Cannon (with 27 initials and an etc. after his name) expounds a system of eastern knowledge. It would be pleasant to explain the real basis of his theories. Dr. Alexander Cannon unfortunately has not made it very clear.

All the items on earth are a reflection of one great universal spirit; however diverse they seem they have this one origin. Thus the physical universe as we see it is only a great illusion. The book sets out to show how to dispel the illusion and so control realities. We have three bodies. Around the physical body is an astral body (linked to the autonomic nervous system) and an etheric body. The functions of the three are not well explained. Apparently they connect our tissues and mind with the vibrations which compose the universe.

We have used the word "theories" in reference to Dr. Alexander Cannon's work. This was wrong. Dr. Alexander Cannon does not theorize. He *knows*. Here are 119 refreshingly and unwaveringly dogmatic pages. *Magister dixit*.

There is no correlation of the many bits of eastern wisdom patched together in this quiltwork of secrets. Yet for the houseman's benefit we cannot do better than quote some of Dr. Alexander Cannon's medical recipes.

To begin with, Thibetan Segmental Breathing (which consists of imagining a force travelling up and down different segments of the body and keeping time to the respiratory rhythm) can be used:

1. To Develop A Wasted Limb.—Breathe in through the right nostril and out through the left, while the Force travels on the limb.
2. To Get Rid Of An Oedematous Leg.—Let the Force move along the opposite limb and reverse the use of the nostrils.

A note on Sims' position: "... A person to be given a rectal general anaesthetic or to be confined (in labour) is laid on the left side, so that the right, positive or life-giving force nostril is active, and yet no one is ever told to lie more or less on the left side to draw in power, energy, and improve the heart, lungs, bronchi, digestion, etc."

For orthopaedic practice we quote: "... The use of certain invisible rays before manipulation makes the muscles so relax as to easily allow the vertebrae to 'pull into place' with correct technique."

It is to be hoped that the teaching hospitals will embody this technique." The description is necessarily short, and apart from such accounts as that tapping on C7 will safely stop the pulse and in the long run produce slimming, or tapping C4 with C7 diminishes deafness, Dr. Alexander Cannon gives no clinical or anatomical data.

Neurologists can learn that nervous conditions are due to the autonomic nerves being "open" like two pitchfork prongs near each other, instead of "closing" with the prongs intertwining. Dr. Alexander Cannon uses "... 'electricity' of anything from 220,000 volts to 5,000,000 volts made from the air ... quite harmless (as there is no amperage)" to "close" these nerves and so relieve neurasthenia, epilepsy and sea-sickness.

Now how did Dr. Alexander Cannon measure the voltage of his air-produced and ampere-free electricity?

Method To Clear A Sore Throat: "... is for another person to take a deep breath and then to put his face at right angles to yours with his mouth touching yours which you keep open and then he blows powerfully into the back of the throat, this is repeated three or four times, after which the reddened throat looks quite pink again and feels comfortable."

We recommend this as quite ideal for young housemen on carefully chosen patients.

To Maintain Perpetual Youth: "... the sage breathes mainly through the left nostril from sunrise to sunset and through the right nostril from sunset to sunrise, so counteracting the destructive forces of both solar and lunar vibrations."

Those who maintain that the sage would become prematurely aged in the attempt can be dismissed as materialist scoffers.

For the nostrils are terribly important and it is a grave mistake

to breathe indiscriminately. For instance: "... It must be remembered that diabetes is produced by excessive use of the right or positive or solar nostril in breathing; and in men, neurasthenia and sex incompetence including impotence through excessive use of the left nostril."

But which would one rather be, impotent or diabetic?

In case the perpetual youth secret has failed Dr. Alexander Cannon's *tour de force* is the great secret of Bringing Back The Dead to Life: It is, in short, to prop the body against the right knee and to press the vagus nerves above the clavicles with the thumbs while the fingers pass up and down over the pectoralis major muscles. After twenty seconds of such exertion "... give a severe kick with the knee between the shoulder blades, hitting also the prominent cervical vertebra (cervical seven) and at the same time say in a very loud voice "Oye", "Oye", "Oye", into the patient's left ear."

We have seen very nearly the same technique to awaken the almost dead in the Lambeth Walk.

We wish we had written this book ourselves. With illustrations by Fougasse it would have made a Christmas best seller.

**Through a Ward Window.** By H. L. MONTGOMERIE. (Chapman & Hall.) Price 8s. 6d.

*Through a Ward Window* is a series of letters written by Anne to her bosom friend Letty, giving a vivid and interesting insight of the inside mechanism of a large general hospital.

Anne, suffering from a broken engagement, decides to "work to forget", and, against the wish of her mother enters the nursing profession and in spite of the derision of her ne'er-do-well brother.

Her fortunes in her new sphere are vividly portrayed, and the plot follows the simple course of ex-fiancé hurt in the hunting field, being nursed back to life by Anne with the inevitable ending of marriage.

The writing is disjointed and several printing errors add to the confusion, but the book is most entertaining and grips the attention, so that one is compelled to read to the end.

The undertone leaves one with the impression that nursing is taken up as an escape from the outside world or as a marriage market—or have we changed since the days of the ethics of Florence Nightingale?

We do not think so as truth is still truer than fiction.

## SPORTS NEWS

### EDITORIAL

Conversation with a stranger (with apologies to Alf Gubbins).

Me: "Morning."

Him: "Morning."

Me: "Have a nice Christmas?"

Him: "'Cor blow me up a gum-tree."

Me: "How do you feel?"

Him: "'Cor."

Me: "The boys'll be nice and fit for games."

Him: "Not 'arf they wont."

Me: "Considering how fit they were last month I don't like to think of them now."

Him: "'Cor strangle me Aunt 'Arriet."

Me: "'Cor."

**RUGBY CLUB** December 3rd. Before a record gate at Southampton the Trojans beat the Hospital 13-3.

It was a lamentable inability to back up which lost us this game. Individually we were the equal of the Trojans, but we could not produce that extra man at the critical moment—a mistake that must be put right before next February. One felt that the most exciting event of the afternoon was an exhibition of aeronautics overhead by a newly built "Spitfire" 'plane—if only this name could have been ascribed to our forwards, and this speed to our outsiders!

We congratulate the two Trojan players, each over thirty years of age, who played with such enthusiasm, Lauder, who broke thro' our defence on two occasions, and the vocal accomplishments of their revered leader F. Cox.

Individual criticism is invariably unfair, but K. Moynagh played well and produced one excellent tackle, whilst for the outsiders McAfee broke through very well on one occasion; and Macpherson kicked a penalty goal to register our only score.

**v. Old Blues.** Won 8-3.

Played at Chislehurst on a bitterly cold day, the game opened with the Hospital heeling from nearly every tight scrum. Miller, who played a really fine game throughout, gave a very good service to Candler, who was, however, closely marked. The outsiders had several scoring opportunities during the first half, but knocks-on and forward passes were all too evident. Eventually Laybourne sent Griffiths over for a good try; Macpherson converted. Just before half-time Irving dribbled over, but the kick hit the post.

After the change-over the Old Blues' forwards began to obtain more of the ball, but were unable to break through the Bart's defence. Graham had to go off with a head injury, and we then had the galling sight of the Bart's pack hoist with that petard of which they themselves are so fond—being pushed over their own line from a five-yard scrum; the kick failed. Candler was twice pulled down in the nick of time and Irving made a great effort to

batter his way over, but the whistle for "no-side" went without further scoring on either side.

Taken all in all the forwards were good, Miller and Candler very good. The centres can both do much better; their tackling was good but passing poor. Evans shapes better and better at full-back, but must remember that when he comes up in attack there are other players outside him more often than not. The sooner Pleydell and Griffiths revert to their old positions the better it will be. It is surprising what a difference playing on the opposite wing has made to both—we trust the change is but a temporary one.

**v. Old Millhillians.** December 10th. Drawn 6-6.

On a dull, almost windless day, in perfect conditions for football, Bart's drew (a penalty goal and a try each) against Old Millhillians. The general tone of the game was dull for the greater part of the time, though Bart's did very well in the last twenty minutes.

Bart's kicked off from the pavilion end, and did actually get going quite briskly, if not very concertedly, from the start. However, the Old Boys fought back very hard, and a penalty, awarded at a fairly easy angle, left Bart's three points behind in the 15th minute. The rest of the first half was a triumph for the Sandman, the forwards being woefully slow and lethargic, and a more than erratic service from the base depriving the outsiders of any chances which they might or might not have taken. Only one incident relieved the gloom, and that was a fine break through by P. L. Candler, who eventually passed—unnecessarily it seemed from the stand—to Irving, who, tragically, dropped "the baby" and forfeited an almost certain try.

After half-time Bart's definitely woke up and the forwards started to bustle round almost hopefully as though scenting distant "coppers", G. Gray being noticeable for his "energetic" strangle tackles, and P. S. Barclay for his more orthodox tackling. Incidentally Barclay was the only man in the pack who tackled properly and hard in this particular game. A bout of this reluctance to tackle overtook our forwards in and around the 60th minute, and one of their men ran in clean through the eight to score a try, which was not improved.

This effort seemed to awake the whole side, and from this moment on all went well, Macpherson kicking one of his "specials" from a difficult angle, and a series of well-sustained attacks by the outsiders resulted in a corner try by Griffiths. Macpherson missed with his kick.

The forwards made the mistake in the latter part of this game of showing that they can bustle around and heel quickly in the loose as well as the next man if they care to try.

**ASSOCIATION FOOTBALL CLUB** 1st XI v. Middlesex Hospital. Home. Won 3-1.

This was a fairly representative score as indicating the relative merits of the two sides as teams, for no one could be singled out as brilliant, yet both teams played well together.

The forwards were without the help of James, whose place was ably filled by G. R. Evans. Our first goal came in the first two minutes when a surprise passing movement on the right side was followed by a scramble in the goal mouth, in which the goalkeeper fumbled the ball and Grossmark was up to tap it into the net. Thereafter the game was fast, with each side doing its fair share of attacking. Good use was made of the right wing, and after several fruitless attempts this policy was repaid by a cross-shot from Nicholson, which rebounded into the goal from the opposite post. By half-time we were one further goal ahead thanks to the effective following up of the forwards, and Grossmark was able to put another shot into the net. The second half was renewed with vigour which lapsed near the end of the game, but Bart.'s could not reply to Middlesex's goal, although they came several times near to doing so.

**Team.**—E. Brenman; N. G. McGuire, J. V. T. Harold; A. Maples, P. M. Elder (capt.), J. O. Gallimore; C. G. Nicholson, R. L. Osmont, G. R. Evans, S. Grossmark, G. R. Royston.

**1st XI v. Downing College, Cambridge.** Away. Lost 2—5.

Our joy at being represented for the first time this season by the same team in any two consecutive games was shattered, for after five minutes we lost Evans, who tore a muscle. Without a left wing our forwards were innocuous, but Royston was wisely moved into that position and things improved. But their shooting was poor and Downing scored the only goal before half-time. In the second half the forwards combined well, Royston scoring two goals, but the defence was very poor collectively, so that Downing's mere half-a-dozen break-aways produced four goals. There is still much inexcusable muddling among the defence.

**1st XI v. Ravensbourne F.C. Home.** Lost 1—4.

With two changes we looked a new team in this match. James's return put such life into the forwards that they played better than ever, and Packer's performance at full back, both constructively and destructively, was most endearing. It was only ill-luck that prevented the ball entering their goal on four occasions in the first half, as compared with three polite entries into ours. Although playing well we hardly deserved to share the two second-half goals, for our opponents continued to teach us an admirable lesson in the giving and taking of passes. Very encouraging.

**1st XI v. Parsloes and District Football League.**

Played at a great pace from start to finish this match resulted in a win for the League side by 2 goals to 1, despite a determined effort by the home side to equalize in the closing stages.

Bart.'s lost the toss and kicked off against the slope and a slight breeze. Following persistent attacks by the forwards James fastened on to a bad pass, and beating his opponent, put the ball low down into the left-hand corner of the net to give Bart.'s an early lead. Just before half-time the League side equalized through Griffin, their outside right, who put in a shot which Brenman could not possibly save.

The second half opened with Bart.'s on the attack, but a break-away by the opposition let in Griffin again, to score what proved to be the winning goal. There were several stoppages for technical fouls and the ball was frequently kicked out. However, Bart.'s were unlucky not to equalize. Both James and later Maples made splendid attempts to head through from the excellent corners taken by Nicholson and Royston.

The Bart.'s defence was much sounder than in recent games, Gallimore as usual working hard at left half. Brenman, in goal, played much more confidently and safely. The forwards tried hard without much luck, and the insides, though skilful at times, tend to give too many passes to the opposition. However, this was an excellent match for tuning up for the cup-ties ahead.

**Team.**—E. Brenman; F. H. Packer, J. V. T. Harold; A. Maples, P. M. Elder, J. O. Gallimore; C. G. Nicholson, R. L. Osmont, G. R. Evans, S. Grossmark, G. R. Royston.

**HOCKEY CLUB v. Nore Command.** November 26th. Won 3—2.

At Chislehurst. The visitors opened the attack, and soon scored through their right inside. For the next twenty minutes play continued up and down the field, until shortly before half-time Hewitt, on the right wing, ran in and scored for us.

Early in the second half T. M. C. Roberts ran down the left wing, and beating the defence, scored a good goal which gave the Hospital the lead. The side again attacked strongly and soon forced a penalty-bully, the Command goalkeeper being penalized

for lying on the ball. The bully was taken by R. Heyland, who got the ball away and took a sighting shot at the goal, but to everyone's amazement the ball went high over the cross-bar. We continued pressing, and soon Hewitt got away and scored. The result seemed to be decided, and we let the Command take the initiative. They attacked strongly, and just before the final whistle their left inside ran almost to our goal-line before pushing the ball back to the centre forward, who scored.

**v. Surbiton II.** December 3rd. Lost 1—0.

Played away on a ground which, though somewhat heavy, was very level. For the first fifteen minutes Surbiton attacked, and the defence had a busy time. Unfortunately their umpire translated the rules literally and the game was continually being stopped. It was not until the umpire tired, or, perhaps, we became careful, that we got the ball away from our half.

For the rest of the game we attacked strongly. J. L. Fison broke away several times, and was most unfortunate not to score, the wet ground assisting the defenders, who stood immovably in his course. There was no score at half-time, but on resuming the game we swung the ball from side to side and the forward line looked very dangerous. The Surbiton defenders played hard and successfully. One clearance reached their right wing, who ran in and scored with a hard shot which gave Akeroyd little chance.

**v. R.N.C. Greenwich.** Saturday, December 10th. Won 4—3.

Played at Chislehurst, where the ground, which has been in bad condition all this season, was made worse by heavy rain. It took us most of the first half of the game to learn to manoeuvre on the wet and bumpy pitch. Both sides had important members missing, and this added to the chaos.

On resuming play in the second half we found our opponents leading by three goals to two. The defence changed their tactics, and swinging the ball out to the wings we were soon attacking. Playing more like a side we drew level and quickly took the lead. Though the R.N.C. tried hard during the last few minutes of the game they were unable to score again.

**Hockey Dinner.** Saturday, December 10th.

It is some seven years since this dinner was held last, but as there seemed to be a demand for some function where the members could meet and "wine and dine" together, it was decided to revive it. We were unfortunate in the choice of date as neither the President nor any of the Vice-Presidents were able to attend. The dinner was held at Gennaro's Restaurant. So enjoyable and liberal was the fare that the diners were anchored in their chairs for a full half-hour after coffee. We then proceeded with the show. Speeches were few and brief, but the toasts numerous and varied. A barrel of Whitbread's best sparkling bitter beer rested in one corner, and this was attacked with great joy. It was striking midnight before the last drop of beer was drawn off, and we unwillingly collected hats and coats and started homeward.

**SQUASH CLUB v. Old Wellingtonians.** Won 4—1.

It was unfortunate that our opponents had had difficulty in raising a side—in fact, only four of them arrived.

However, some good games were seen, and a heartening sight was the squash of J. L. Fison, a newcomer from Cambridge, who made short work of his opponent.

Marrett retained his unbeaten record, but came off the court shaking his head in disgust. We agreed with him. It wasn't good—too much lobbing of the ball down the centre of the court instead of into the corners.

Spafford found it easy after a lazy start, and with cup matches of a high standard in the very near future we should all be well advised to practise quick starts.

Oliver has not found his old form of last year, but the potentialities are there right enough.

James joyfully received a walk-over. Thus 4—1.

**Results:**

H. R. Marrett beat W. L. H. Thring, 7—9, 9—7, 9—7, 8—10, 9—5.

J. L. Fison beat H. H. West, 9—5, 9—0, 9—2.

A. J. H. Spafford beat J. V. Alexander, 9—7, 9—3, 9—0.

C. T. A. James, walk-over.

W. A. Oliver lost to F. K. Doyle, 6—9, 5—9, 4—9.

**v. Fayre Club.** Won 2—1.

This match is invariably a dangerous one, inasmuch as their court is of a completely different pace to ours.

That this was true was soon in evidence, as Spafford, for the first two games, was completely out of touch against a fast and experienced opponent. He came back very well to make the score level at two games all, but the pace of the earlier games had told its tale, and he lost the final game 9-5.

Robinson, after a slow start, found his form, and playing much better squash than hitherto this year, won an exciting game to level the match.

James clinched the match with a fairly comfortable win over a not very astute performer, and so our first "double" victory of the season was recorded.

#### Results:

A. J. H. Spafford lost to St. Ruth, 2-9, 5-9, 9-5, 9-3, 5-9.  
C. T. A. James beat J. Feathers, 9-6, 9-2, 1-9, 9-7.  
J. T. Robinson beat A. Lloyd, 6-9, 9-5, 5-9, 10-8, 9-7.

### BOXING The Girling Ball Cup.

This annual Inter-Firm Competition took place this year before a rather disappointing crowd in the Charterhouse Gym.

The first fight of the evening was between Hall (Yellow) and Martin (Preclinical). It was a good, courageous, hard-hitting fight, though the boxing was not, of course, brilliant, and Martin vanquished a very gory Hall on the casting vote.

The second contest, between Franklin (Green) and Routledge (Preclinical 3rd year), was a rather conventional affair of two rounds' sparring and one round assault and battery. Routledge looked very professional and gained the decision on points.

The next fight was really a beautiful affair between Ismay (3rd year Preclinical) and Davies (Green). (Davies in rugby shorts and cricket shirt rounded off with gym shoes, Ismay in trunks and boxing boots.) Both men started as though intending to settle a feud of years' standing, and shortly a wrestling match began; each man threw the other and subsequently Ismay threw Davies but failed to pin him. Ultimately Davies' ferocity obtained him the decision, and as he left the ring various spectators were happily humming "Land of Our Fathers".

Bentall, opening the ball for the Yellow firm, who eventually won, against the Preclinical's representative Brady, treated us to the best boxing, *per se*, of the evening. These two are pretty boxers, and their contest was more in the nature of an exhibition than a real fight. This was only to be expected in consideration of the fact that Bentall was by far the heavier of the two men. All went well until the end of the second round when Brady hit Bentall rather hard, and the latter came back to his corner murmuring, "Good heavens, the little blighter tried to knock me out", and subsequently went into action and knocked up sufficient points in the last round to gain the verdict.

W. Gordon then obliged the Yellow firm with a very quick victory over Sanyal, whom he knocked an extremely long way out in the first round, with, we thought, an unintentional back hander.

The next bout was a very plucky one on the part of H. E. Gordon (Yellow) against O'Carroll (Green), whose superior weight told in his favour. A fight terrific in pace as it was traumatic in character, the casting vote went to O'Carroll, to whom all honour for merely keeping cool in the face of a continuous onslaught, and leaving Gordon in a very battered state.

Now we come to the heavier weights, with a rather gentle scrap between G. L. Way (Green) and Jackson (Yellow). These two fine upstanding fellows upstood very finely, and rarely mixed it to any great extent. The decision went to Jackson, probably because he attacked rather more than his opponent.

The final fight of the heavy-weights proved to be the *pièce de résistance* of the evening, Spafford of the Yellow firm hurling himself at a rather unfit Sandiford (Preclinical) with steadily decreasing energy. Seldom have we seen so much give and take between two amateur heavy-weights; they fought to complete exhaustion, and Sandiford's inability to keep the pace lost him, as the more experienced boxer, a fine fight.

Mr. Boyd, Mr. Haynes and Mr. J. W. G. Evans were good enough to act as judges, Mr. Boyd presiding and presenting the cup to A. P. Bentall, captain of the Yellow firm, at the close of proceedings.

We would like to thank Mr. Evans and Mr. Henderson for waiving the opportunity of fighting in order to organize this excellent evening.

### THE PANELS AT CHISLEHURST

The revised lists of teams that are to appear on the panels at Chislehurst are printed below. We wish to thank all those who sent corrections, and point out that it is only the winning teams of the Clubs who use the Pavilion that are concerned.

The panels will be carved early in January, so that if there are any further corrections to be made, will notice be sent as soon as possible.

#### 1922

##### Soccer

R. W. Savage.  
A. C. Dick.  
G. H. Caiger.  
J. Parrish.  
R. S. Coldrey.  
L. B. Ward.  
E. I. Lloyd.  
J. A. Morton.  
A. E. Ross.  
A. E. Lorenzen.  
H. L. Oldershaw.  
G. R. Nicholls.

#### 1923

##### Athletics

H. B. Stallard.  
J. C. Ainsworth-Davis.  
H. C. J. Ball.  
J. W. O. Holmes.  
M. G. Fitzgerald.  
W. G. Scott-Brown.  
H. G. Stanton.  
H. G. Anderson.  
J. W. D. Buttery.  
E. Bacon.  
R. Okell.  
G. H. Day.  
W. W. Darley.  
G. W. C. Parker.  
H. A. Ware.  
G. Dietrich.  
A. E. Beith.  
W. S. Hinton.  
P. R. Viviers.  
J. R. Beagley.  
A. Clark.  
J. D. Allen.  
R. D. Reid.  
J. P. Hosford.

#### 1924

##### Rugger

G. W. C. Parker.  
A. Carnegie-Brown.  
M. G. Thomas.  
A. W. L. Row.  
W. F. Gaisford.  
A. E. Beith.  
J. W. D. Buttery.  
M. L. Maley.  
R. H. B. Bettington.  
W. S. Morgan.  
L. C. Neville.  
M. G. Fitzgerald.  
T. P. Williams.  
W. H. S. McGregor.  
P. O. Davies.  
E. S. Vergette.

#### 1925

##### Cricket

R. H. B. Bettington.  
N. E. Cook.  
R. R. Fells.  
W. F. Gaisford.  
H. W. Guinness.  
H. L. Hodgkinson.  
N. A. King.  
K. W. Mackie.  
M. L. Maley.  
M. R. Sinclair.  
G. C. Woods-Brown.

#### 1925

##### Soccer

A. Clark.  
J. Parrish.  
W. A. R. Mailer.  
J. R. Crumby.  
J. Huntley.  
E. N. Jenkinson.  
R. W. Dunn.  
A. M. Gibb.  
H. L. Oldershaw.  
L. B. Ward.  
C. Wroth.  
L. A. P. Slinger.

#### 1925

##### Athletics

H. B. Stallard.  
J. R. Beagley.  
T. R. Griffiths.  
W. S. Hinton.  
J. W. D. Buttery.  
G. H. Day.  
C. K. Lakshmanan.  
P. R. Viviers.  
M. R. Sinclair.

## 1928

## Rugger

R. N. H. Williams.  
C. R. Jenkins.  
A. H. Grace.  
W. F. Gaisford.  
R. H. B. Bettington.  
H. W. Guinness.  
J. R. R. Jenkins.  
W. M. Capper.  
V. C. Thompson.  
H. G. Edwards.  
H. D. Robertson.  
G. F. Petty.  
J. T. C. Taylor.  
F. J. Beilby.  
C. B. Prowse.  
M. L. Maley.

## 1929

## Hockey

P. M. Wright.  
H. L. Hodgkinson.  
W. F. Church.  
R. T. Davidson.  
L. P. Jameson Evans.  
M. S. M. Fordham.  
J. H. Hunt.  
A. D. Iliff.  
E. J. Neill.  
J. W. C. Symonds.  
F. C. H. White.

## 1931

## Rugger

J. T. C. Taylor.  
B. S. Lewis.  
V. C. Thompson.  
R. N. H. Williams.  
J. A. Nunn.  
C. B. Prowse.  
J. R. R. Jenkins.  
E. M. Darmady.  
H. D. Robertson.  
R. Mundy.  
J. D. Powell.  
G. F. Petty.  
D. M. E. Thomas.  
G. D. S. Briggs.  
T. J. Ryan.

## 1931

## Hockey

J. H. Hunt.  
A. D. Iliff.  
R. T. Davidson.  
C. L. Hay-Shunker.  
G. T. Hindley.  
H. L. Hodgkinson.  
C. A. Hinds-Howell.  
J. M. Lockett.  
K. W. Martin.  
V. C. Snell.  
P. M. Wright.

## 1930

## Cricket

W. M. Capper.  
A. R. Boney.  
J. E. A. O'Connell.  
J. A. Nunn.  
W. H. Gabb.  
G. D. Wedd.  
J. D. Anderson.  
C. L. Hay-Shunker.  
F. E. Wheeler.  
R. G. Gilbert.  
I. N. Fulton.

## 1930

## Soccer

R. Shackman.  
F. E. Wheeler.  
H. J. Roache.  
R. G. Gilbert.  
C. M. Dransfield.  
R. McGladdery.  
W. Hunt.  
C. A. Keane.  
A. W. Langford.  
J. Shields.  
R. L. Wenger.

## 1932

## Cricket

J. A. Nunn.  
W. H. Gabb.  
J. B. Bamford.  
G. D. Wedd.  
A. R. Boney.  
R. Mundy.  
C. L. Hay-Shunker.  
G. T. Hindley.  
B. Rait-Smith.  
F. E. Wheeler.  
G. V. H. Wade.

## 1933

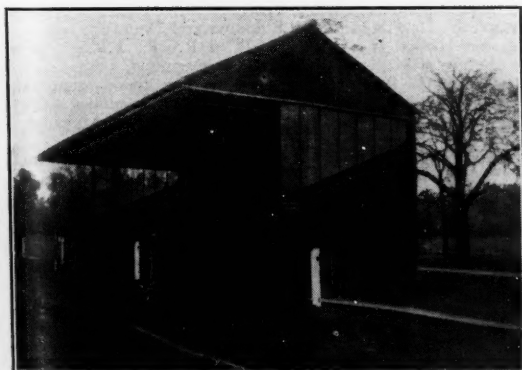
## Athletics

J. G. Nel.  
J. G. Youngman.  
C. P. C. Reilly.  
W. H. Jopling.  
J. W. Perrott.  
T. P. Storey.  
J. R. Strong.  
K. O. Black.  
H. W. Rodgers.  
J. Smart.  
G. A. S. Akeroyd.  
K. W. Martin.  
J. Shields.  
G. D. Wedd.  
C. M. Dransfield.  
K. A. Butler.  
W. D. Coltart.  
E. E. Harris.

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## GRAND STAND APPEAL :: BART'S R.U.F.C.

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Contributions should be made payable to  
Hon. Treasurer,  
St. Bartholomew's R.U.F.C.

THE GRAND STAND at Chislehurst seats 250 people. It cost £600, and of this amount £250 remains to be paid.

Dr. GRAHAM has kindly given security to the Rugby Football Union, who have lent the Club £400, provided this sum is paid off in the next few years. Not less than £60 has to be paid off every year.

We should like to thank all those Members of the Consulting and Honorary Staff, also Past and Present Members of the Rugger Club, whose generous contributions have enabled us to collect £150 in the last six weeks

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1934  
Soccer

T. O. McKane.  
P. J. Hardie.  
H. Knowles.  
D. R. S. Howell.  
J. W. B. Waring.  
W. A. Owen.  
R. G. Gilbert.  
N. H. Bloom.  
C. M. Dransfield.  
P. A. K. Brownlee.  
R. C. Dolly.  
A. H. Hunt.  
W. M. Maidlow.  
G. R. Royston.  
C. G. Nicholson.

1934  
Athletics

J. W. Perrott.  
J. G. Nel.  
K. W. Martin.  
D. B. Fraser.  
J. Smart.  
C. M. Dransfield.  
C. P. C. Reilly.  
K. O. Black.  
G. T. S. Williams.  
O. Garrod.  
A. I. Kinnear.  
W. H. Jopling.  
W. D. Coltart.

1936  
Cricket

R. Mundy.  
F. E. Wheeler.  
W. M. Maidlow.  
D. J. A. Brown.  
R. Heyland.  
J. North.  
A. H. Hunt.

C. T. A. James.  
S. T. Rutherford.  
R. N. Grant.  
P. G. Hill.  
J. S. Johnstone.  
M. H. Harmer.

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HANCOCK.—On December 16th, 1938, at the Royal Bucks Hospital, Aylesbury, to Estelle, wife of Dr. F. R. T. Hancock, of Stoke Mandeville—a daughter.

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#### MARRIAGES

BENTON—BURKE.—On November 15th, 1938, at Edgware, Douglas Benton, M.R.C.S., L.R.C.P., elder son of Dr. and Mrs. W. Benton, of Worthing, to Delia, daughter of Mr. and Mrs. T. Burke, of Limerick, Ireland.

DINGLE—THRIFT.—On December 14th, 1938, at All Saints' Church, Jesselton, North Borneo, Percival Alfred Dingle, C.B.E., North Borneo Medical Service, to Dorothy Kathleen Thrift.

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